



PA Program

Clinical Student Handbook Clinical Year 2025-2026

This Handbook does not constitute an
“express or implied contract” with students

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Introduction and General Program Overview

Letter from the Program Chair

Welcome to the clinical year!

Over the past 12 months during the didactic year, you have been learning in a classroom and lab setting. All these experiences have been preparing you to become practicing PAs and now it's time to take everything you learned and put it into practice in a clinical environment, under direct supervision. Throughout the clinical year you will have opportunities to work in a hospital/in-patient environment as well as in out-patient clinics. You will be exposed to different areas of medicine from surgery and ER, to family medicine and women's health. This broad range of clinical experiences will not only help prepare you for the PANCE, but it will ultimately train you to be the best PA you can be when you enter the healthcare workforce following graduation.

This clinical year handbook serves as a resource for your clinical year and includes policies, procedures, and guidelines that you should familiarize yourself with prior to starting your rotations. It is critical that you remember that while you are on your clinical rotations you are representing the University of Detroit Mercy PA Program, as well as the PA profession. You are expected to ALWAYS conduct yourself in a professional manner and use common sense and good judgment over the next 12 months, as well as throughout your career. Failure to comply with the policies and procedures listed in this handbook could result in disciplinary actions including but not limited to delayed graduation and/or dismissal from the program.

I hope each of you use this exciting time to learn and grow professionally so that you are best prepared for graduation and ready to join the ranks of the many successful PA Alumni who have graduated from our program. I wish you the best of luck and look forward to seeing you succeed in your clinical year.

Sincerely,

Amy Dereczyk, PhD, PA-C, DFAAPA Chairperson, PA Program

Program Contact Information

PA Program

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Other Important Phone Numbers

Registrar: 313-993-3313

Financial Aid: 313-993-3350

Wellness Center

Health Clinic: 313-993-1185

Fax: 313-993-1777

<https://www.udmercy.edu/life/health/>

2025-2026 Clinical Year Calendar

Tentative Schedule – dates are subject to change

Clinical Rotation	Dates	Scheduled Activities
BOOTCAMP	8/25/2025 - 8/29/2025	<ul style="list-style-type: none"> • Classes Begin - 8/25/2025 • PACKRAT (TBD) • CY Orientation #2 (TBD) • Flying Pigs (TBD) • Implicit Bias (TBD) • Oto/Ophtho SIM (TBD) • Interprofessional Development-Slit Lamp training • Resume/CV Writing (TBD) • Scrub Class & Glidescope (TBD)
1	9/1/2025 – 9/30/2025	<ul style="list-style-type: none"> • EOR Exam (8am-10am) – 9/19/25 • Seminar/MGM (10am-5pm) - 9/19/25 • EOR Remediation (9am-11am) – 9/26/25
2	10/1/2025 – 10/31/2025	<ul style="list-style-type: none"> • EOR Exam (8am-10am) – 10/24/25 • Seminar/MGM (10am-5pm) - 10/24/25 • EOR Remediation (9am-11am) – 10/31/25
3	11/1/2025 – 11/30/2025	<ul style="list-style-type: none"> • EOR Exam (8am-10am) – 11/21/25 • Seminar/MGM – none • EOR Remediation – TBD
Call Back Days	12/1/2025 - 12/5/2025 12/8/2025 – 12/12/2025 (Advising)	<ul style="list-style-type: none"> • PACKRAT #2 (TBD) • Tuesday, Dec 2 (TBD) • Wednesday, Dec 3 (TBD) • Thursday, Dec 4 (TBD) • Friday, Dec 5 (TBD)
Holiday Break		
4	01/01/2026 – 01/31/2026	<ul style="list-style-type: none"> • EOR Exam (8am-10am) – 1/23/26 • Seminar/MGM (10am-5pm) - 1/23/26 • EOR Remediation (9am-11am) – 1/30/26
5	02/01/2026 – 02/28/2026	<ul style="list-style-type: none"> • EOR Exam (8am-10am) – 2/20/26 • Seminar/MGM (10am-5pm) - 2/20/26 • EOR Remediation (9am-11am) – 2/27/26
6	03/1/2026 – 03/31/2026	<ul style="list-style-type: none"> • EOR Exam (8am-10am) – 3/20/26 • Seminar/MGM (10am-5pm) - 3/20/26 • EOR Remediation (9am-11am) – 3/27/26

7	04/1/2026 – 04/30/2026	<ul style="list-style-type: none"> • EOR Exam (8am-10am) – 4/24/26 • Seminar/MGM (10am-5pm) - 4/24/26 • EOR Remediation (9am-11am) – 4/30/26
8	05/1/2026 – 05/31/2026	<ul style="list-style-type: none"> • EOR Exam (8am-10am) – 5/22/26 • Seminar/MGM (10am-5pm) – 5/22/26 • Radiology Exam (Time TBD) – 5/22/26 • EOR Remediation -TBD • EOC Exam (9am-3pm) – 5/29/26
9	06/01/2026 - 06/30/2026	<ul style="list-style-type: none"> • EOR Exam (8am-10am) – 6/22/26 (university is closed on 6/19) • Seminar/MGM (10am-5pm) – 6/22/26 • EKG Exam (Time TBD) – 6/22/26 • EOR Remediation – 6/29/26
10	07/01/2026 – 07/31/2026	<ul style="list-style-type: none"> • EOR Exam (8am-10am) – 7/24/26 • OSCEs (TBD) • EOR Remediation (9am-11am) – 7/31/26
Call Back Days	08/03/2026 - 08/07/2026	PANCE Review (TBD)
Comprehensive Exams	May June July	<ul style="list-style-type: none"> • Radiology (Time TBD) - 5/22/26 • EOC Exam (9am-3pm) – 5/29/26 • EKG Exam (Time TBD) - 6/22/26 • OSCEs (TBD)

University Policies and Resources

Student Support Resources: University of Detroit Mercy has a wide array of support services available for free to all students. We encourage all members of the community to be aware of this list of [student support resources](#) — including contact information for reporting incidents or concerns. Students can also refer to the [webpage for Current Students](#) for further information.

Technology Recommendations: University of Detroit Mercy Information Technology Services (ITS) posts current recommendations for student technology needs — including hardware, software, and internet connectivity — on their [website](#).

Important Announcements: Important messages will be communicated through Blackboard and/or emailed to your Detroit Mercy email address.

University-Authorized Absences: The university recognizes that attending class is essential for student learning and engagement. In cases of [university-authorized absences](#) for university-sponsored activities, religious observances, or exigent circumstances, instructors shall provide students the opportunity to make up missed work without penalty up to 10% of the course meeting time. Instructors shall determine how students may access, substitute, and/or submit missed work. Students are responsible for all course content and activities missed due to university-authorized absences.

Instructional Continuity and Class Cancellation: Instructional continuity refers to the continuation of instruction during unforeseen campus closure or instructor absence. Should the need to cancel a class session occur, students will be contacted through Blackboard and/or their Detroit Mercy email address. The following procedures will be in place to ensure continuity of instruction in this course: ***[Faculty should describe their plan(s)]***. Students are responsible for all course material provided through this instructional continuity plan.

Disability and Accessibility Support: We are committed to providing equal access to learning opportunities for all students. [Student Accessibility Services](#) works collaboratively with students who have disabilities to arrange effective accommodations. If you encounter any barrier to participation in your education because of a disability and would like to seek accommodations, you can begin the process on our website or contact us at sas@udmercy.edu or 313-993-1938.

Equal Opportunity and Nondiscrimination: The University does not tolerate discrimination, harassment, or retaliation. If you experience discrimination or harassment based on sex, race, religion, disability, or other protected characteristics, you can make a report or complaint online to the [Office of Equal Opportunity](#) or contact the Executive Director and Title IX Coordinator, Megan Novell, directly at [\(313\) 993-1802](tel:3139931802) or novellme@udmercy.edu to learn about your options for support and resolution. Please be aware that most University employees, including all faculty members, are mandated to report allegations of sex discrimination on your behalf if they learn of them. Information about confidential resources,

reporting options, the specific rights of pregnant and parenting students, and our Nondiscrimination Policy are available on the [OEO website](#).

Reporting Bias-Motivated Incidents: University of Detroit Mercy is committed to fostering a diverse and inclusive environment for students, faculty, and staff. Acts of intolerance, discrimination, or harassment due to age, ancestry, color, disability, gender, gender identity, national origin, race, religious belief, sexual orientation, or veteran status are not tolerated (see [Discrimination and Harassment Prevention Policy](#)) and should be reported by [contacting the Dean of Students](#).

Compliance with Student Policies: University of Detroit Mercy students are expected to be familiar with and comply with student-related policies and practices, including those found in the [Detroit Mercy Student Handbook](#). The Student Handbook also contains contact information for the Dean of Students and the Dean of each College/School.

Academic Integrity: As members of an academic community engaged in the pursuit of truth and with a special concern for values, University of Detroit Mercy students must conform to the highest standard of honesty and integrity in their academic work. The fundamental assumption under which the University operates is that work submitted by a student is a product of their own efforts. Among the most serious academic offenses is plagiarism, submitting the ideas or work of another source without acknowledgment or documentation. The consequences of plagiarism or any act of academic dishonesty may range from failure in a course to dismissal from the university.

Course Copyright: All course materials students receive or have online access to are protected by copyright laws. Students may use course materials and make copies for their own use as needed, but unauthorized distribution and/or uploading of materials without the instructor's express permission is strictly prohibited. Students who engage in the unauthorized distribution of copyrighted materials may be held in violation of the Student Code of Conduct, and/or liable under Federal and State laws. In addition, distributing completed essays, labs, homework, exams, quizzes, or other assignments constitutes a violation of the Student Conduct policy.

Recording of Class Sessions: Video/audio recordings of class sessions (face-to-face or online) may be recorded for the benefit of students in the class. Recordings will be shared via platforms with access limited to other members of the class. I will attain consent from students if recordings of student comments or images will be shared with a broader audience. Students are prohibited from recording class sessions unless instructor permission has been granted. In the case of ADA accommodations, recordings of class sessions may not be shared or distributed.

Religious Observances: It is the policy of University of Detroit Mercy to respect the faith and religious obligations of each student. Students with exams and classes that conflict with their religious observances should notify their instructor at the beginning of the semester in order to work out a mutually agreeable alternative. Please note that, regardless of whether an absence

is “excused” or “unexcused,” the student is responsible for all missed course content and activities.

Course Evaluations

The University of Detroit Mercy provides a secure, anonymous, and easy to use resource for submitting your faculty/course evaluations. Faculty/course evaluations are used to gather information which aids faculty in improving courses and the curriculum. Evaluation of faculty and their courses is a part of the overall faculty evaluation and accreditation processes.

The tool is completely anonymous; there is no method by which your evaluation can be linked back to you. To use the online evaluation tool, go to the course evaluation site:

<https://www.udmercy.edu/evaluate/>

Clinical Rotations: Policies and Procedures

Clinical Year Expectations

The clinical year is a transitional year for all students and is designed to be challenging and prepare students to successfully function as a physician assistant/associate (PA). Students will be progressing from an academic classroom environment to the professional world of practicing as a PA.

Students will be evaluated by clinical preceptors who are determining the student’s ability to successfully practice as a PA.

A PA operates as part of a clinical team that includes administrative staff, nursing staff, physicians and various other clinical staff or professionals. Clinical rotations vary in their hours of training depending on specialty and individual provider preferences. For example, surgical rotations typically train longer hours associated with performing surgery and then all subsequent care for the surgical patient, whereas some psychiatry rotations may have telehealth visits with minimal physical patient interaction or examination. **Students should be flexible in their expectation of training hours and consult with their advisor in regard to concerns around training.**

Clinical year sites can be anywhere in the state of Michigan, from Munising to Grand Rapids, Kalamazoo and anywhere in between. **Students are responsible for travel to and from clinical sites with expectation to arrive 15 minutes prior to scheduled start time. Students are also responsible for arranging suitable accommodations.**

Procedure for Scheduling Clinical Rotations

The Detroit Mercy PA Program uses **Typhon for scheduling all clinical rotations and tracking patient cases**. All students are required to keep their Typhon profile updated throughout the clinical year.

The program also uses ACEMAPP to track rotations in select health systems. Students are required to always be compliant in ACEMAPP throughout the clinical year. If you have questions about your compliance at any time, you may reach out to your advisor or Rahima Ahmed. Before students can begin the clinical year, they must successfully complete the Bloodborne Pathogens, OSHA, and HIPAA Assessments found on ACEMAPP.

It is important to remember that rotation placement is determined with many considerations and is done so in a way to ensure that all students receive a well-rounded, diverse mix of clinical rotations. Some of the factors that go into scheduling include rotation availability, location, student's experience and strengths, preceptor requirements, etc.

For these reasons, it is required that the PA program schedules all clinical rotations including major rotations, electives and preceptorship. Since all rotations can be anywhere in the state of Michigan, a reliable car or means of transportation is essential. Housing options, if needed, are the responsibility of each student and can be limited, so plan in advance. Students are responsible for the costs of transportation and housing. Please discuss concerns in regard to clinical rotations with your clinical advisor.

All student rotations, once finalized between the program and the site/preceptor, will be entered in Typhon. **The student can find their upcoming rotations listed in Typhon**. Once a rotation is scheduled in Typhon, the student should complete the following steps:

- Students are expected to check the notes section in Typhon within 24 hours of the Typhon assignment to see if there are any special instructions. Some clinical sites may require additional paperwork and/or training up to one month in advance of the rotation start date. **This information will be in the notes section**, and it is the student's responsibility to ensure completion of these requirements in the timeframe required. If there are no special instructions, the student **MUST contact the site at least 1-2 weeks before, or within 24 hours from Typhon posting if later than 7 business days** before the rotation starting date to confirm details including the starting time and place to meet on the first day of the rotation. If the student has been unsuccessful in contacting the site on multiple attempts, they should notify the student's clinical advisor at least 5 business days prior to the beginning of the rotation. If the student fails to contact the site/preceptor and notify their clinical advisor within 5 days of the start date, the student may forfeit the rotation and be delayed in graduating.
- Unless otherwise directed by the notes in the "Clinical Site Directory," the student should contact the site using the contact person/preceptor listed in Typhon

approximately 1-2 weeks prior to the rotation.

- The student should find out the start time for the first day, details about parking, proper attire, and any other details necessary to begin the rotation.
- If there is any issue/concern with the rotation once the student has reached out to the site, the student must contact their advisor immediately.

Requesting a Clinical Site/Preceptor

While the program is responsible for scheduling all clinical rotations, students have the opportunity to request a specific site/preceptor (with a **maximum of two requests** per student per clinical year excluding elective/preceptorship). **The program will take requests from students into consideration; however, no guarantees can be made of a specific rotation.** Students should understand that clinical rotations are designed to challenge a student's educational experience and professionalism. To facilitate this request, the following procedures must be followed.

- **FIRST** obtain permission to contact the site (or medical education office, and/or preceptor) from your advisor to ensure this is not an already established site or a site with which there have been problems in the past.
- Make initial verbal contact with the preceptor at the clinic site to ascertain **interest only**. **Confirmation** of the rotation comes from the **program only**.
- The student must submit the request by completing the **CY New Site Request Form** (see Blackboard). The form must be completed with all information including the preceptor's name, practice name, practice type, address, contact person, contact phone number and email, and whether you have initiated contact with the site. Please note that sufficient lead- time, typically 8-12 weeks, must be given for the clinical team to contact the site and to ensure all the proper paperwork is in place by the start of the rotation.
- After the final confirmation from the site is completed by the program, the student will be notified via Typhon of the dates of the rotation and the contact person at that rotation as described in the clinical rotation scheduling process above.

Clinical Program Faculty and Staff Responsibilities as it Pertains to Scheduling Rotations

- Contact the preceptor to determine the viability of the site i.e., that it meets educational requirements and initiate documentation.
- Assure that all pertinent information is provided to the clinical site in a timely manner to confirm a student placement.
- Complete all pertinent paperwork requirements for the site and the program including legal memorandum or affiliation documents.

NO SITE WILL BE CONSIDERED/CONTACTED UNTIL A WRITTEN SITE REQUEST FORM IS SUBMITTED ONLINE OR EMAILED TO YOUR ADVISOR.

Student Responsibilities and Policies

The student will secure knowledge consistent with rotation objectives from clinical experiences, readings, lectures, discussions, and other presentations throughout the year on a formal and informal basis. The progression of knowledge will span the cognitive domain from the simple level of recall and comprehension through application to the higher levels of analyzing, synthesizing, and evaluating data. This will be evaluated by the student's ability to:

- Assess the patient problem through development of a comprehensive and concise history and physical examination.
- Formulate an accurate and complete list of differential diagnoses
- Construct a comprehensive, cost effective, patient centered management plan.
- Update the data and revise the management plan as appropriate.

The student will also embrace the ideals identified as necessary to function as a **professional** using the title of PA. These skills and behaviors will be evaluated through the student's ability to:

- Demonstrate clinical knowledge and competence
- Conduct themselves ethically.
 - The student should always be clearly identified as a PA Student by their appropriately embroidered short white coat and program badge and site supplied badge as indicated. These articles should always identify themselves as a PA student as should be the case in both verbal introductions and written documentation by the student (See also **Medical Records**). There are rare circumstances in which the site may request that you do not wear a lab coat (peds or psych). Always comply with the site request but always wear your program badge and explain to your clinical coordinator if you have a site visit why you are not wearing your coat.
- Adhere to the professional decorum policies faithfully and be mindful that manner of dress will represent themselves in a positive or negative way to patients, future colleagues and potential employers (See also **Dress Code**)
- **All students are required to submit their current rotation schedule on Blackboard to their advisor by the Friday of week one of the rotation. If a student's schedule changes during the rotation, the student is responsible for uploading an updated schedule into Blackboard.**
- Adhere to the schedules at the individual clinical sites as determined by the site, not the PA program. Clinical hours can vary by site with some sites requiring a training schedule of up to 80 hours per week. Students can be expected to train night-time shifts, weekends and holidays depending on scheduled assignment. This does not include travel time to the rotation. **The student should identify in writing to the site at the beginning of the rotation, any program related absences that will occur during that rotation (e.g., Major Group Meeting, End of Rotation exams, etc.).**
- Each student must keep all information on "Your Information" in Typhon current including all contact information, healthcare information and any other demographic information listed as well as with the PA program, College of Health Professions, and the University.

- Attending clinical rotations. Students **must contact their Advisor and the clinical site** if tardy or absent as soon as possible on the day in question (see also **Reporting Absence/Tardiness**). **Time lost must be made up** to complete program requirements. Failure to do so could result in disciplinary actions, the most severe of which would be dismissal from the program.
- Keep your advisor informed of activities, which may impact their ability to secure an adequate clinical experience with the understanding that no rotation will meet all the student's needs and/or program/ rotation objectives. **It is ultimately the responsibility of the student to meet all the objectives outlined for each rotation by whatever means necessary.** This may involve discussions with your preceptor or using other available resources to ensure you meet the objectives.
- Adhere to the confidentiality policies regarding all privileged information. (See section on **Confidentiality**)
- Seek opportunities to advance knowledge and skills. **Demonstrate motivation and enthusiasm to learn during every rotation.** Preceptors appreciate enthusiastic students and look for opportunities to advance the student's knowledge and skills. Be there early and be willing to stay late. Look for opportunities to assist and truly be a team player.
- Know their limits and acknowledge them
- Develop an awareness of their strengths and weaknesses and develop mechanisms with preceptor/faculty support, to correct the identified deficits.
- Expand their ability to perform clinical procedures. Identify and utilize the knowledge base acquired in the didactic year and develop new clinical skills by progressing from levels of imitation and manipulation through precision and articulation to the naturalization of the psychomotor skills required for a PA and document those skills appropriately on Typhon.
- Be a dependable team member and work well with others
- Work under authority or supervision. While students may, after demonstrating proficiency, be permitted to undertake certain defined activities, they are always to be under appropriate supervision and direction. Students are never to be substituted for regular staff and any student in this situation must contact the program immediately.
- Organize activities with priority of the patient's welfare as foremost by considering patient health promotion, risk reduction, education, and time management. Decisions made regarding diagnostic and therapeutic plans must be patient centered with patient safety a central theme and always cleared with the preceptor or their designee before implementation.
- Seek and accept constructive peer and mentor criticism. Discuss the clinical evaluation and rotation objectives (have an extra copy of each for review) with the preceptor on the **first day, midway through and at the end of each clinical rotation.** To make review time possible, try to schedule the midpoint and end of rotation reviews at the beginning of the day. This is the student's responsibility to arrange. Midway and at the end of each rotation, students should review and sign the preceptor evaluation with the clinical preceptor(s). Mid rotation evals are due **at the halfway point of the month** of a rotation and should be submitted on Typhon.

- **Prior** to completion of the rotation, the student must ensure that the EOR evaluation has been completed by the preceptor.
- Be responsible to the clinical site. On the last clinical day of any rotation, return any identification, parking documentation, scrubs or borrowed literature to the appropriate department at the clinical site and check to make sure all charting responsibilities have been completed. Be sure to thank not only your preceptor but the office manager and staff for the opportunity they have provided. Remember that every rotation is a potential job offer in the future! A simple, personal, handwritten, thank you note/email to your preceptor is always an appreciated gesture.
- Provide constructive criticism. At the end of each rotation the student will complete a constructive critique of the clinical experience for that rotation through Typhon. The student's input is important to the program and the preceptors and is reported to the clinical sites anonymously and in aggregate once a year for the purpose of quality improvement. Be sure to promptly let your advisor know if you have any concerns with your site or preceptor.
- Maintain an updated health status, and current ACLS/BLS, OSHA, HIPAA, and Bloodborne Pathogen Assessments. Immunizations must be updated by the end of the month, one month prior to when the immunization will expire. For example, if TB test/PPD expires in February, the student must show proof of a negative PPD by the end of January.
 - Per the program Policy Manual: "The PA program reserves the right to limit or curtail the student's clinical opportunities in the event that proof of influenza, COVID, hepatitis B, rubella, mumps, rubella and varicella immunity as well as tetanus vaccination and TB screening is not provided." This may impact the student's ability to progress through the program.
- Enjoy the challenge of clinical medicine

When you are in doubt on any issue, contact the program and/or your advisor for information. We are here to help.

Please refer to PA Policy Manual for complete discussion of both professional decorum and academic misconduct. The student is responsible for upholding both the professional decorum and the academic misconduct policies in their entirety in both the clinical and educational settings. The clinical PA student is an ambassador to the medical community. Each student represents the profession, the PA program, the University of Detroit Mercy and future PA students. Because of the high visibility of the clinical student, it is expected that the student will be courteous, respectful, and always identified as a PA student. The student should convey acceptance of and concern for patients and family through appropriate interpersonal behavior. The student will not discriminate against patients, clinical staff, fellow students, or others involved with the student's education based on color, creed, race, sexual orientation, physical disabilities, national origin, or socioeconomic status.

Preceptor Responsibilities

Clinical preceptors are expected to conduct themselves in a fair and conscientious manner in accordance with the ethical standards generally recognized within the academic community as well as those of the medical professions they represent.

Preceptors are expected to:

- Be a credentialed and licensed practitioner
- Be available to supervise all activities of student practitioners and approve implementation of all treatment plans (or delegate this responsibility to a licensed practitioner who has such authority)
- Delegate to students, defined duties, with appropriate supervision and direction
- Be available at reasonable times for teaching and evaluation of students
- Perform student evaluations in a timely manner
- Communicate with students regarding clinical performance and provide written mid-rotation and end of rotation evaluations
- Communicate to students, at the beginning of the rotation, the expectations, and standards of evaluation
- Communicate with students regarding safety and security policies and procedures for the clinic/health system
- Communicate immediately with the program any concerns regarding the student including the ability to meet the objectives of the rotation
- Base all academic evaluation upon good faith professional judgment
- Evaluate students without considering factors such as race, color, religion, gender, age, national origin, handicap, sexual orientation, political or cultural affiliation, lifestyle, activities, or behavior outside of the academic setting unrelated to academic and professional achievement
- Respect confidentiality of student academic information
- Not exploit professional relationships with students for private advantage and refrain from soliciting the assistance of students for private purpose
- Give appropriate recognition to student contributions in clinical activities
- Refrain from any activity which involves risk to the health and safety of a student
- Respect the dignity of each student individually and all students collectively in all academic contexts

Site Visits

The student must pass this portion of the course independent of the entire course grade to successfully progress in the program. A faculty member may make a site visit at any time. The supervising preceptor evaluates the day-to-day activities of the student. The faculty evaluates the students on the following criteria:

The student may be asked to present a current patient, discuss the pathophysiology, describe the diagnostic work up, the management plan and outline patient education for the case. The faculty may evaluate the student's medical record entries; assess student professional appearance including attire and identification, motivation to learn, as well as professional conduct and attitude. The faculty member may also discuss progress with the clinical preceptor(s). This may be during a site visit, phone, video-conference interview, or e-mail communication. **Site visits may be planned or may occur spontaneously by schedule information submitted on Blackboard by the student the first week of a rotation. If there is a schedule change from the originally reported schedule, it is the student's responsibility to inform the program right away.**

Site visits may be unannounced with the expectation that the student will be at the site per the submitted schedule.

Medical Records

Students will be expected to document clinical data into actual medical records at the clinical sites throughout the clinical year as dictated by the clinical site. All students must abide by strict guidelines associated with the acquisition and maintenance of these legal documents for the student's protection and the welfare of the patients seen by professionals in training. Students must also adhere to policies regarding these legal documents determined by individual clinical sites. It is the responsibility of the student to be aware of the policies for the respective clinical site. All required documentation must be completed by the student before the end of rotation. All medical records must be signed by the student immediately with the student's name and **PA Student (PA-S)** designation. All records must also be signed by the supervising preceptor as soon as possible and it is the student's responsibility to secure the countersignature. Please note, not all sites provide students with medical record access. Students should take notes of patients suitable for providing patient care and presentation and dispose of notes appropriately in compliance with HIPAA guidelines (see below).

Confidentiality

Please refer to PA Policy Manual for complete discussion.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 mandates Federal privacy protection for individually identifiable health information. Standards have been set for health care providers who transmit health care transactions electronically. While in Clinical Practice, most of the health care providers the student will encounter will be under the HIPAA guidelines and requirements. In studies, and during clinical practice, the student needs to be aware of these requirements, and additionally, the health care provider will often train the student on their HIPAA policies and practices.

Some of the pertinent requirements of HIPAA are:

- Notifying patients about their privacy rights and how their information is used.
- Adopting and implementing privacy procedures for the practice or hospital.
- Training employees so that they understand the policies.
- Designating an individual as a Privacy Officer, who is responsible for seeing that the privacy procedures are followed.
- Securing patient records containing individually identifiable health information so that they are not readily available to those that do not need them.

All data gathered about the patient and their illness, including all items within a patient's medical history is privileged information. Therefore, students should not discuss or present a patient's data in a manner or situation which would violate the confidential nature of the record. Also, any information or supporting data obtained directly or indirectly is not to be construed as the property of the student. Medical records are not to be removed from the hospital or clinical setting. Any copies of patient information (e.g., discharge summaries) must have all patient information blacked out before submission as an assignment or a failing grade will be issued for the assignment.

Students will be required to review selected readings on HIPAA guidelines and meet a minimum of 80% on a post quiz before beginning clinical rotations. Students should also be aware that individual rotation sites may require them to attend their own HIPAA training as part of their rotation experience.

Preceptor Review and Countersignature

On each clinical rotation, it is the student's responsibility to ensure that **all** patients seen by the student are also seen by the supervising preceptor. The preceptor must also review all student notes written in medical records and countersign these documents. Countersignatures by a supervising preceptor are required before any student order may be executed. **It is the student's responsibility to secure the countersignature.** Under no circumstances should a student initiate orders for any patient on any rotation without immediate consultation and countersignature of the clinical preceptor.

Prescriptions

Under no circumstance is a student to sign or electronically submit prescriptions. The only signature which should appear on the prescription is that of the licensed supervising preceptor. The student may, however, prepare the prescription for signature at the discretion of the supervising preceptor.

Professionalism

CHP Honor Code

Students in the College of Health Professions at University of Detroit Mercy are expected to exhibit behaviors that epitomize academic, professional and personal integrity. They are committed to the traditions and values of the Sisters of Mercy and the Society of Jesus with regards to respect for others and academic excellence. Adherence to such high standards is necessary to ensure quality in education and clinical care in all College of Health Professions programs. A student's acceptance into a program of the College of Health Professions is conditional upon signing an affirmation of the Honor Code. *To view the entire Honor Code copy and paste this link into your browser:* <http://healthprofessions.udmercy.edu/current-students/pph.php>

Addressing Faculty and Preceptors

Students should address all faculty members as Professor.
Students should address all physician preceptors as Dr. and should ask all other preceptors how they would prefer to be addressed.

Dress Code

- The short white "intern" type lab jacket is required during a student's clinical experiences. The lab coat should be consistent with the short white coat purchased by students for the White Coat Ceremony. The jacket should have the proper identification embroidered on the left breast (i.e., student's name, Detroit Mercy PA Student, and the Detroit Mercy logo patch on the shoulder.)
- The white jacket must be worn over business attire during a student's clinical experiences. The image presented by the style of clothing worn by the practitioner often supports or undermines the acceptance of the care plan for the patient by both the preceptor and the patient. It should always be clean and neat. "Blue jeans" or other casual type dress is not

acceptable during any student learning activity when in a professional setting. Hospital “scrubs” may be substituted for business attire if consistent with the clinical site’s policy and supplied by the site. “Scrubs” must not leave the clinical facility’s grounds.

- It is expected that you will arrive at your sites daily well-groomed and exhibiting optimal hygiene. Hair must be clean and the student free of body odor or dishevelment. If makeup is worn, it should be minimal and conservative.
- Clothing should not be too tight; chests or cleavage should not be visible, and dresses or skirts should be at or below the knee. Professional footwear are close toed shoes. Athletic shoes are only to be worn with scrubs, should be clean, and conservative. Students must be clearly identified by wearing the University of Detroit Mercy program student identification tag when participating in any educational experience. On occasions, the clinical site may provide a nametag in addition to the university-supplied badge. Regardless of institutionally supplied ID tag, the student must be clearly always identified as a University of Detroit Mercy PA Student.
- Hair must be clean and cleared away from the face and if longer than shoulder length should be tied back or pinned up. Facial hair should be neatly trimmed. Hair harbors higher levels of bacteria and should not be in the patient contact zone. Long or loose hair may also pose a safety risk when dealing with confused, intoxicated, or otherwise impaired patients.
- Nails must be clean and short (no longer than the end of the fingertip) and free of polish. Acrylic nails, extensions, tips, or applications are not permitted. Long nails are difficult to clean and can potentially penetrate gloves. Procedures with longer length nails may be uncomfortable for patients and may injure a patient.
- Jewelry must not be worn on the hands or arms during patient procedures. If jewelry is to be worn it should be small and conservative in appearance. Loose jewelry i.e., hoop earrings, necklaces may also be grabbed by uncooperative, aggressive, or mentally impaired patients.
- Colognes, perfumes, strongly scented lotions, aftershaves, or deodorants should not be worn in patient areas. Heavily scented personal products can trigger patient’s allergies and asthma.

Email Etiquette

Students are expected to follow the UDM Code of Conduct and professional policies outlined in the program Student Handbook. Communication between students and faculty is expected to always be professional. This also includes email communication and being courteous and treating others with civility.

Allow 48 hours for email responses, excluding weekends from your advisor/clinical coordinators. Your responsiveness should be the same with any communication from your professors, **maximum 48-hour response time**. Emails should be professional in tone and grammatically correct. Always proofread your email messages prior to sending. **You are required to use your UDM student email account to email UDM faculty and staff and clinical**

sites and preceptors. You are expected to check your UDM email daily while on your Rotations to ensure prompt responses and attention to important matters.

Detroit Mercy Student Email Policy:

<http://it.udmercy.edu/policies/ITS-0024%20Student%20E-Mail%20Policy.pdf>

Detroit Mercy Email Etiquette Policy:

<http://it.udmercy.edu/email/emailetiquette.htm>

Attendance in the Clinical Year

Please refer to PA Policy Manual for complete discussion.

Because of the limited clinical training time available to the PA student, it is expected that each student will fully participate in all training opportunities. Therefore, it is expected that a student does not miss any time during the clinical year. On occasion, a student may require time off and in which case it is expected that:

- A student misses no more than 5 days of clinical or program training activities due to any reason throughout the entire clinical year.
- Loss of clinical experience of more than 2 days on a major rotation may result in the student being required to repeat the clinical rotation.
- A cumulative loss of greater than 5 days throughout the clinical year may result in the delayed graduation to allow for the student to make-up the time for the missed clinical experience.
- It is expected that any absence from the clinical site will be made up so that the student will have ample opportunity to gain clinical experience. It will be his/her responsibility to coordinate the makeup time with the clinical preceptor / site and to notify your advisor via email of the absence request form and plan for making up the time missed.

When an absence occurs students **must notify both the preceptor** at the clinical site **and their advisor prior to shift start on the day of the absence/tardiness.** Failure to notify the clinical site and PA program could negatively impact the student's promotion through the clinical year. Messages for the program should be sent to the e-mail address of your advisor.

An Absence Request Form must be filled out and sent to your advisor for approval ***IN ADVANCE*** of the requested planned absence. The form can be found in the Appendices section of the handbook.

Unexcused Absences

Any unexcused absence or early departure (or failure to report these to your advisor) from a scheduled clinical activity is unacceptable and is considered professional misconduct. This

violation of policy will be brought before the Promotion and Progress Committee who will determine the program's response. This behavior may result in warning, probation, or dismissal from the PA Program.

Snow Days

When the Detroit Mercy campus is closed due to inclement weather or any other unexpected problem, students are not required to attend class held on campus, **however, they are still required to attend scheduled clinical experiences.**

If you do not feel that you can travel safely, please contact your site and notify your advisor. It is expected that time off from your clinical site be made up. It is the student's responsibility to coordinate this make-up time with the clinical preceptor and the course instructor. See above for further information.

Sick Time

Any excused absence of > 2 consecutive days due to illness requires that a health care provider's note be submitted to your advisor upon return. This documentation will be placed in the student file and will be reviewed as necessary by the Promotion and Progress Committee. You will be expected to arrange to make up for your missed time.

Other Excused Absences

Please refer to the PA Program Policy Manual. Anticipated absences for reasons other than those listed previously must be discussed with the course instructor in advance.

Documentation explaining the nature of the absence is required as well. **During the clinical year, leave of absence shall not exceed three months.** If a student needs a leave of absence greater than three months, this must be discussed with the Program Director, Promotion and Progress Committee and your Advisor before approval.

Professionalism Grade

Each student will receive a professionalism grade during each clinical rotation and will be assigned by clinical faculty based on compliance with professional rubric. This makes up 5% of the grade for each rotation (See Blackboard for rubric). Professionalism issues will be taken to the Promotion and Progress Committee for discussion and any disciplinary actions.

Clinical Rotation Dismissal

A student dismissed from clinical rotation will be considered to have failed that clinical rotation, even if a formal evaluation has not been completed. The student will advise their clinical advisor immediately and the advisor will update Promotion and Progress Committee with appropriate disciplinary action to follow.

Student Disciplinary Action

During the clinical year students are subject to disciplinary action for academic and or professionalism issues.

Disciplinary actions can include, but are not limited to:

- Additional supplementary assignments
- Letter of Reprimand
- Probationary period
- Repeat clinical rotation
- Delayed graduation
- Dismissal from program

Clinical Year Curriculum

Documentation of Clinical Experiences (Typhon)

The program will monitor the degree to which students are achieving the educational objectives of its curriculum and the appropriate balance and diversity of patient care experiences. Students will be required to document their clinical rotation experience during all major rotations, electives and their preceptorship via the “Typhon” electronic tracking system employed by the program. **Students should document ALL procedures, including Ultrasound, suturing, I&D’s, pelvic exams, etc., ALL Women’s Health (pre-natal) encounters, ALL Behavioral Health encounters, ALL infant/child encounters and Underserved encounters.** This documentation must be completed to progress to the next scheduled rotation. Failure to document ALL patients by the required deadline may require a student to repeat a clinical rotation. Documentation of the clinical experience through the Typhon Patient Tracking System will **constitute 15% of the clinical rotation grade. ALL Typhon documentation must be completed by the last day of the rotation.**

A student must document **ALL** patients seen during their rotation in Typhon. If a student is having difficulty seeing a specific patient category/volume, they should contact their clinical year advisor.

Students will attend a mandatory in-service on the electronic tracking system (Typhon) prior to beginning the clinical year where they will be registered in the tracking system.

Competency Assessment Tool (CAT) - Technical Skills

**** Students must complete a CAT technical skills checkoff form during the clinical year.**

Students will have the entire clinical year to seek opportunities to perform the technical skills found on this checkoff form. This form can be found on Blackboard and should be printed off by the student for preceptor signatures as skills are completed. At the end of each clinical rotation, students are to submit a copy of their technical skills checkoff form in Blackboard. It will be submitted on Typhon at the end of each month with the skills completed up to that point. The final completed form must be submitted by July 31, 2025 in order to graduate.

COMPETENCY ASSESSMENT TOOL

Student Name: _____

KEY

EXPERT	5 = Excellent	Consistently exceeds expected standards
COMPETENT	4 = Above average	Very good performance, requires minimal guidance
NOVICE	3 = Average	Room for improvement, required consistent guidance
	2 = Below average	Inconsistent performance, skills need improvement
	1 = Poor	Consistently falls short of reasonable expectations

****All students must receive 80% or better to pass CAT to be eligible for graduation. The score is calculated by adding each line and dividing by the total number of points then multiplied by 100 to get a percentage score. Please comment on any scores of 3 or below.***

Procedure	Date Completed	5	4	3	2	1	Preceptor Signature
Pelvic exam with Pap smear and/or vaginal cultures							
Prenatal – fetal heart tones/fundal height							
Suturing/stapling insertion or removal							
Injection – IM/SC/intradermal							
Anesthesia – local/digital block							
Joint aspiration and/or injection							
Incision & drainage of abscess							
Throat culture							
Venipuncture							
Casting/splinting application or removal							

Comments:

Student Signature: _____

Date Submitted: _____

End of Rotation (EOR) Exams

Students will be required to take an EOR Exam and/or complete an assignment specific to that rotation. Students are expected and required to be seated for their EOR examination 15 minutes prior to the examination start time. This is to minimize any disturbance to students taking the EOR examination. A student late to an EOR examination will not be allowed entry to the examination and must contact their advisor. The student will be subject to disciplinary action for professionalism with grade deduction. **Students must achieve the minimum standard of competency for each EOR examination (70%) independent of overall grade to successfully progress in the program. Should a student fail to achieve competency on an examination, the student must contact their advisor. Students must retake the failed exam on the scheduled retesting date.** After re-testing, the maximum- recorded score is 70% for the examination. There are no EOR examinations following the Preceptorship or Elective rotation.

All EOR exams consist of 120 multiple choice questions. It is a two-hour timed exam. The exams are administered through PAEA (PA Education Association) *Assessment Center*. The content for each discipline can be found at: <https://paeaonline.org/assessment/end-of-rotation/content>

End of Rotation (EOR) Examination Procedures

EOR exams will be scheduled and administered in week 3 of the 4-week clinical rotation. Exact location and timing will be communicated via Blackboard and through automated announcement from PAEA Assessment Center. **Students are responsible for obtaining sign-in information to Assessment Center prior to examination. Student must also update their lockdown browser the day of the exam prior to arrival on campus.**

If there are discrepancies in the rotation specialty or timing of your exam, contact your clinical advisor. If you have accommodation for examinations, you need to ensure they are current with the office of Accessibility Services. **Accommodations need to be renewed *each semester* when registering for clinical rotation classes.** It is expected that students **will arrive 15 minutes ahead of the scheduled exam start time** to allow for setup, login and preparation for the exam. Students take EOR exams on their own laptops. If a student does not have a laptop available to them, they must notify their advisor as soon as possible, prior to the examination date. Students will begin their exam when instructed by the examination proctor. All laptops should be secured with all external communications turned off; all extra windows should be closed to ensure no appearance of misconduct during the examination. Students may have a laptop and pen/pencil at their seat. No other items including backpack, jacket/coat, cellphone, headphones, food/beverages, etc. are allowed in the testing area. A blank sheet of paper will be provided to each student by the program and must be signed and turned in once the student completes their exam.

Students who miss an exam or arrive late will be given a zero for that exam unless previous arrangements have been approved by the instructor. A student who anticipates being late to the exam, should contact their advisor ASAP. A student who is late for examination with no clear communication with their advisor will be subject to disciplinary action.

When students complete an exam, they are free to leave CHP 124 QUIETLY. Students are not

allowed to congregate outside of CHP 124. Students are allowed to go outside or to the student lounge by the vending machines.

End of Rotation (EOR) Examination Grading

- If a student achieves <70% on the EOR exam, they will need to re-test per the “Re-testing of EOR examination” policy below
- Any students achieving <80% on their EOR exam will need to review the PAEA Score Report: Content Category Coding: Task Area, Diagnosis, which is a list that includes keyword feedback for the questions you answered incorrectly on the exam. The student will review this list and submit a Word Document with a one paragraph explanation for each topic missed. This will be due 1 week following the EOR exam date.

Re-testing of EOR Examinations

See Re-examination Policy in the PA Policy Manual for full discussion.

If a student does not achieve the minimum standard (70% on the end of rotation exams) on their initial attempt for a specific EOR examination, they must contact their advisor to re-test on the scheduled re-testing date. The student’s advisor will update and inform the Promotion and Progress Committee of a student’s examination status.

The student must notify the current clinical site, in the case of a re-examination, of the 2-3-hour absence required to retake the examination once the date/time is established. Time lost at the clinical rotation site must be made up.

Failure to pass the EOR exam remediation demonstrates a failure to progress academically and results in failure of that clinical rotation. Failure of a clinical rotation will result in dismissal from the PA program.

Outcomes Criteria

Each exam represents the PAEA Blueprint and Topic List for that specialty rotation and content is specific to the patient lifespan and care setting.

The minimum standard of competency for the EOR exam is a reported scaled score which is then converted to a percentage score. The minimum standard of competency at the University of Detroit Mercy for the EOR exam is a score of $\geq 70\%$.

Scale scores are scores that have been mathematically transformed from one set of numbers (i.e., the raw score) to another set of numbers, in order to make them more comparable. This process compensates for small variations in difficulty between sets of questions and can be

used to place all scores on a single scale. The process used is a linear transformation of IRT scores. (PAEA)

It is important to remember that all students take EOR examinations on the same objectives throughout the entire clinical year. It is expected that students demonstrate professionalism by maintaining the security of all exams. Sharing or receiving information on the content with or from anyone else has the potential to negatively impact all involved students and is considered academic and professional misconduct with disciplinary actions up to and including dismissal from the program.

End of Rotation (EOR) Evaluations

Student Evaluation of Clinical Experience

Students are required to complete the EOR Student Evaluation of Site and Preceptor form, in Typhon, for **EVERY** rotation by the last day of the rotation. Access to the evaluation tool will be through Typhon. Completion of this evaluation including written comments is required.

The information from the student evaluation of the clinical experience:

- Provides the student with an opportunity to give feedback on preceptors, including concerns and suggestions that may not have been shared during the rotation.
- Allows the student to provide professional input into the educational process using *constructive criticism*.
- Supplies the PA program and the clinical site with documentation necessary for continuous quality improvement of the training experience and clinical site.

The clinical site will receive a collective student assessment at the end of the academic year. No student names will be shared with the site or preceptor(s). Under no circumstances will information shared have any negative repercussions for the student; on the contrary, over the years the information has been used to help clinical sites make alterations in clinical experiences to improve subsequent educational opportunities. The content of this student assessment will not be graded but the completion of all rotation evaluations will constitute 5% of the total grade.

Preceptor Evaluation of the Student

There are 2 types of electronic evaluations that the preceptor will be asked to complete:

- Mid-rotation evaluation form (for all major rotations and preceptorship)
- End of Rotation evaluation form (for all major, elective and preceptorship rotations)

It is imperative that every student review the evaluation forms and the clinical objectives for that specific rotation with the preceptor on the first day, midway through and at the end of

each rotation to ensure a mutual understanding of the clinical experience.

Evaluation will assess the cognitive, affective, and psychomotor skills, needed to function as a PA. The clinical site preceptor(s) and others involved in the precepting experience assess the student performance and progress based on personal observations and communication. **The minimum standard of competency is 80% (B-) for any preceptor evaluations(s).** This is determined from completed data only, i.e., NA (Not Applicable) responses will not lower a student's overall grade. **Preceptor evaluations of the student constitute 35% of their final grade.**

The minimum standard of competency must be achieved on every rotation independent of overall grade, to successfully progress in the program. A student who is prematurely dismissed from a clinical site for professional or academic reasons, fails that rotation whether a preceptor evaluation form is completed or not.

It is expected that the evaluation form will be discussed with the preceptor. This serves the purpose of receiving performance feedback, discussing discrepancies, and developing professional qualities such as giving and receiving constructive criticism.

It is the student's responsibility to ensure preceptor completes the EOR evaluation form in Typhon by the last day of the rotation. If the evaluation form is not ready to be returned to the advisor on the last day of the rotation the student must notify their advisor of the plan for the return of the evaluation and follow-up with the preceptor. Failure to notify the advisor will result in a grade deduction.

Repeating of Clinical Rotations Due to Failure to Achieve Clinical Competency on EOR Evaluation

If the student does not successfully achieve the minimum standard for clinical competency as reflected in the end of rotation evaluation form, the case will be discussed with the student, the program director, and the preceptor. It will be brought to the attention of the PA Promotion and Progress Committee, who will decide the best plan for the student to address their deficits and achieve competency. The student will be notified of the final grade and outcome for a failed rotation, which may include, but is not limited to repeating the entire clinical rotation or dismissal from the program. Students may be required to repeat a rotation if they fail to properly document clinical cases. Scheduling of a repeated rotation will be dependent upon availability of an appropriate site.

Upon successful completion of the repeated rotation, the course instructor will record the minimum required grade (80%).

Clinical Year Written Assignments

There is no EOR examination during 3 rotation blocks: 1st primary care, elective and preceptorship. Students will instead complete a written assignment for each.

- 1st Primary Care Rotation – *Case Study: Identifying and Analyzing an Uncommon Condition in Family Medicine*
- Elective Rotation – *Developing and Achieving Learning Outcomes During Elective Rotation*
- Preceptorship Rotation – *Reflection Paper: Understanding the Unique Challenges of Underserved Populations in Clinical Practice*

1st Primary Care Rotation Assignment

There will be no EOR exam for the first primary care rotation. Students will take the Family Medicine EOR examination during their second primary care rotation.

Assignment - Case Study: Identifying and Analyzing an Uncommon Condition in Primary Care

Objective:

The goal of this assignment is to develop the student's observational and research skills by identifying an uncommon medical condition encountered during the family medicine rotation. The student will research the condition and write a detailed case study, enhancing understanding of rare diseases and their management in a primary care setting.

Instructions:

1. Observation During Rotation:

During your family medicine rotation, be attentive to the patients you encounter. Your task is to identify a case involving an uncommon or rare condition. This could be a disease that is not frequently seen in primary care or a common condition presenting in an unusual way.

2. Case Identification:

Once you have identified a patient with an uncommon condition, gather detailed clinical information. This includes the patient's history, presenting symptoms, diagnostic tests performed, and treatment plan. Ensure that you maintain patient confidentiality by anonymizing any identifiable information.

3. Research the Condition:

Conduct thorough research on the identified condition. Your research should include:

- Epidemiology and prevalence
- Pathophysiology
- Common clinical presentations

- Diagnostic criteria and methods
- Treatment options and outcomes
- Challenges in diagnosis and management, particularly in a primary care setting

4. **Writing the Case Study:**

Based on your observations and research, write a comprehensive case study that includes the following sections:

- **Introduction:** Briefly introduce the patient and the context of the case.
- **Case Presentation:** Describe the patient's history, presenting symptoms, physical examination findings, and any relevant diagnostic tests.
- **Diagnosis:** Explain how the diagnosis was made, including differential diagnoses that were considered.
- **Discussion:** Discuss the condition in detail, incorporating your research. Highlight the unique aspects of the case, challenges encountered, and how the condition is managed in a primary care setting.
- **Conclusion:** Summarize the key points and discuss any lessons learned from the case.

5. **Formatting:**

- The case study should be 3 pages in length, not including references.
- Use AMA formatting for citations and references.
- Include a title page with your name, the course title, and the date.

6. **Submission:**

Submit your completed case study to BlackBoard by the last day of the month.

Assessment Criteria:

- **Observation Skills:** Ability to identify a relevant and uncommon condition.
- **Depth of Research:** Thoroughness and accuracy of the research on the condition.
- **Clinical Understanding:** Clarity in explaining the case and demonstrating an understanding of the condition and its management.
- **Critical Analysis:** Ability to discuss the case's unique aspects, including challenges and lessons learned.
- **Writing Quality:** Organization, clarity, and adherence to academic writing standards.
- **Adherence to Guidelines:** Compliance with formatting and submission requirements.

Purpose:

This assignment is designed to enhance your observational skills, deepen your clinical knowledge of uncommon conditions, and develop your ability to conduct and present research in the form of a case study. It prepares you for real-world situations where you may encounter and need to manage rare or unusual medical conditions in a primary care setting.

1st Primary Care Rotation – Case Study
Uncommon Condition Rubric

Student Name: _____ Date Submitted: _____

Topic: <u>Uncommon Condition Case Study Report</u>	Points Possible	Points Rec'd
Student demonstrates adequate observational skills in their ability to recognize an uncommon condition <u>or</u> an uncommon presentation of a common condition, and demonstrates clinical understanding in their explanation of the case (including appropriate diagnosis and management of the condition).	45	
Student demonstrates ability to discuss the case's unique aspects, including challenges and lessons learned through critical analysis .	30	
Student demonstrates depth of research in the thoroughness and accuracy of research on the condition.	15	
Grammar, spelling, style, organization, appropriate referencing and coherence of thought. Complies with formatting and submission requirements.	10	
COMMENTS:		
TOTAL POINTS:	100	

Elective Assignment

There will be no EOR exam during the elective rotation.

Assignment: Developing and Achieving Learning Outcomes During Elective Rotation

Objective:

This assignment aims to help students align their elective rotation experiences with the core learning outcomes established in their other rotations. Students will identify and pursue specific learning goals tailored to their elective experience, fostering targeted professional development.

Instructions:

1. Review Learning Outcomes:

At the beginning of your elective rotation, review the learning outcomes from your other core rotation syllabi (e.g., Family Medicine, Internal Medicine, Surgery, Pediatrics, Psychiatry, Women's Health, Emergency Medicine).

2. Select Learning Outcomes:

By the end of Week 1, choose 3-5 learning outcomes from these core rotations that you plan to focus on during your elective rotation. These outcomes should be relevant to the elective setting and reflect areas where you seek further development.

3. Submit Learning Outcomes:

Submit your selected learning outcomes and a brief rationale (1-2 sentences per outcome) for choosing each to BlackBoard **by the end of Week 1.**

4. Achieving the Goals:

Throughout the rotation, work towards achieving these learning outcomes. Engage in activities, seek mentorship, and participate in clinical scenarios that support your chosen goals.

5. End-of-Rotation Paper:

By the last day of your rotation, submit a 3-page paper reflecting on how you accomplished the selected learning outcomes. The paper should include:

- **Introduction:** Briefly describe your elective rotation setting and the relevance of the chosen learning outcomes.
- **Goal Achievement:** Discuss how each learning outcome was addressed during the rotation, providing specific examples.
- **Challenges and Adjustments:** Reflect on any challenges you faced in achieving these outcomes and how you adapted your approach.

- **Conclusion:** Summarize your overall experience and the impact of focusing on these outcomes during your elective rotation.

6. Formatting:

- The paper should be 3-pages in length, not including references.
- Use AMA formatting for citations and references.
- Include a title page with your name, paper title, course, and the date.

7. Submission:

Submit your completed learning outcomes (Week 1) and end-of-rotation paper (last day of rotation) to BlackBoard.

Assessment Criteria:

- **Goal Alignment:** Appropriateness and relevance of selected learning outcomes to the elective rotation.
- **Depth of Reflection:** Thoughtfulness and clarity in reflecting on how the outcomes were achieved.
- **Clinical Understanding:** Demonstrated understanding of how the elective experience contributed to your professional growth.
- **Writing Quality:** Organization, clarity, and adherence to academic writing standards.
- **Adherence to Guidelines:** Compliance with formatting and submission requirements.

Purpose:

This assignment is designed to help you intentionally shape your elective rotation experience by focusing on specific learning goals. By aligning your elective activities with established learning outcomes, you will maximize the educational value of the rotation and advance your development as a future PA.

Elective - Learning Outcomes
Assignment Rubric

Student Name: _____ Date Submitted: _____

Topic: <u>Elective Rotation: Achievement of Learning Outcomes</u>	Points Possible	Points Rec'd
Student demonstrates a comprehensive understanding of how the elective experience contributed to their professional growth.	45	
Student selects appropriate and relevant learning outcomes that align with the goals of their elective rotation.	30	
Student demonstrates thoughtfulness and clarity in reflecting on how the outcomes were achieved.	15	
Student uses appropriate grammar, spelling, style, organization, referencing and coherence of thought.	10	
COMMENTS:		
TOTAL POINTS:	100	

Preceptorship Assignment

There will be no EOR exam during the preceptorship rotation.

Reflection Paper Assignment - Understanding the Unique Challenges of Underserved Populations in Clinical Practice

As a manifestation of our commitment to the mission of the PA program and the University of Detroit Mercy, clinical year PA students are encouraged to participate in clinical rotation in a medically underserved area delivering care.

Objective:

The purpose of this assignment is to encourage students to reflect on their clinical rotations throughout the year and critically analyze the unique challenges faced by underserved populations. This reflection will help develop a deeper understanding of health disparities and the social determinants of health, and how these factors impact patient care.

Instructions:

- 1. Reflect on Your Rotations:**

Review your experiences from all clinical rotations over the past year. Consider the diverse patient populations you encountered, focusing particularly on those who are considered underserved. These might include low-income individuals, racial and ethnic minorities, rural populations, LGBTQ+ individuals, the elderly, or those with limited access to healthcare.

- 2. Identify Challenges:**

Identify and describe at least two unique challenges that you observed underserved populations facing during your rotations. These challenges may relate to access to care, financial barriers, cultural or language differences, health literacy, or other social determinants of health.

- 3. Analyze the Impact:**

Discuss how these challenges affected patient outcomes and the quality of care provided. Consider how these barriers may contribute to health disparities and what implications they have for healthcare providers.

- 4. Personal Insights:**

Reflect on how these experiences have influenced your perspective as a future PA. Consider what you have learned about the role of healthcare professionals in addressing the needs of underserved populations.

- 5. Propose Solutions:**

Based on your observations, suggest strategies or interventions that could help mitigate these challenges in the future. These could include changes at the individual, community, or policy level.

6. Formatting:

- Your reflection should be approximately 3 pages in length, not including title page or references.
- Use AMA formatting for citations and references if applicable.
- Include a title page with your name, the course title, and the date.

7. Submission:

Submit your completed reflection to BlackBoard by the last day of the month of your Preceptorship rotation.

Assessment Criteria:

- Depth and clarity of reflection on the challenges identified.
- Insightfulness of the analysis regarding the impact on patient care.
- Practicality and creativity of proposed solutions.
- Quality of writing, including organization, grammar, and adherence to formatting guidelines.

Purpose:

This assignment aims to deepen your understanding of the complexities involved in providing care to underserved populations. By reflecting on your clinical experiences, you will be better prepared to address these challenges in your future practice as a physician assistant.

Preceptorship - Underserved Populations
Reflection Paper Rubric

Student Name: _____ Date Submitted: _____

Topic: <u>Reflection Paper Assignment</u> - Understanding the Unique Challenges of Underserved Populations in Clinical Practice	Points Possible	Points Rec'd
Student provides insightful analysis of the factors affecting patient care in underserved setting and the impact on patient care as a whole. Student demonstrates depth and clarity of reflection on challenges identified.	45	
Student discusses how the experience working with an underserved patient population has/has not affected the student. (what feelings the student had, the patient response, the healthcare team response, insights gained, problems solved/decisions made, and the overall impact the student made on the patient outcome).	30	
Student proposes practical and creative solutions to problems identified, and details how they will implement these solutions in their future practice.	15	
Grammar, spelling, style, organization, appropriate referencing and coherence of thought.	10	
COMMENTS:		
TOTAL POINTS:	100	

Assessment Methods/Measures

1. Preceptor Evaluation of Student:

- **Mid-Term Preceptor Evaluation of the Student:**

The clinical preceptor evaluates students' progress at the midpoint of the rotation. This formative assessment is designed to identify deficiencies in learning outcomes early in the rotation to ensure students receive timely feedback on their progress and address any gaps before the completion of the end-of-rotation evaluation. The benchmark for achieving competency in the learning outcomes and instructional objectives is scoring "4" or higher on a 1–5 Likert scale. Learning outcomes and instructional objectives on the student evaluation form that is "not observed" or rated at "3" or below, regardless of the average score, will require the student to meet with their advisor to determine a plan to meet the required learning outcome before the end of the rotation. The mid-term preceptor evaluation is a progress report of the students' progress in the rotation. This report constitutes 0% of the final grade.

End-of-Rotation Preceptor Evaluation of the Student:

The clinical preceptor evaluates students' progress through each clinical rotation with the completion of the Mid-Rotation evaluation form and End of Rotation evaluation form. The preceptor evaluation assesses students' ability to achieve the Learning Outcomes specific to each rotation. If a learning outcome is not observed during the rotation, "N/O" will be given for that outcome. The minimum standard of competency is 80% (B-) for any preceptor evaluations(s) and must be achieved on every rotation independent of overall grade, to progress in the program. "Not Observed" responses will not lower a student's overall grade. Failure to Achieve Clinical Competency: Learning Outcomes and instructional objectives on the student evaluation form that are "not observed" or rated at "3" or below, regardless of the average score, will require the student to meet with their advisor to determine a formalized plan to meet the required learning outcome. Preceptor evaluations of the student constitute 35% of the final grade.

Failure to Achieve Clinical Competency:

Learning Outcomes and instructional objectives on the student evaluation form that are "not observed" or rated at "3" or below, regardless of the average score, will require the student to meet with their advisor to determine a formalized plan to meet the required learning outcome. Preceptor evaluations of the student constitute **35% of the final grade**.

Performance will be rated with the following with the following 1-5 Likert Scale:

Expert	5 = Excellent	Consistently exceeds expected standards
Competent	4 = Above average	Very good performance, requires minimal guidance
Novice	3 = Average	Room for improvement, required consistent guidance

	2 = Below average	Inconsistent performance, skills need improvement
	1 = Poor	Consistently falls short of reasonable expectations
Not Observed	N/O	Not observed during the rotation

Formative assessment/Site visits: The Clinical Coordinator may evaluate the student during a site visit with the Site Visit Evaluation of the Student Form. These visits may be more frequent if there are student concerns or issues arise related to the clinical site.

Site visits may be planned or occur spontaneously based on the rotation schedule submitted by the student the first week of a rotation. If there is a schedule change from the originally reported schedule, it is the student's responsibility to inform the program of any changes immediately. This formative assessment is independent of the rotation course grade/assessments and must be successfully completed to graduate from the program. Faculty evaluate students based on the following criteria:

- Case presentation: Student is asked to present a current patient, discuss the pathophysiology, diagnostic work up, management plan and patient education for the case.
- Professionalism: Student appearance, including attire and identification, motivation to learn, as well as professional conduct and attitude.
- Preceptor(s) observations: Preceptor perception of student progress during the rotation.

2. Student Evaluation of the Clinical Site and Preceptor:

Students are required to complete the Student Evaluation of the Clinical Site and Preceptor form, in Typhon, by the last day of the rotation. Completion of this evaluation including written comments is required. Information from this evaluation is utilized to:

- Provide the student with an opportunity to give feedback, including concerns and suggestions that may not have been shared during the rotation.
- Allow the student to provide professional input into the educational process using constructive criticism.
- Provide the program and the clinical site with documentation necessary for continuous improvement of the clinical experience and site.
- Allow the preceptor to improve gaps in student progress towards achieving required learning outcomes.

The student assessment of the clinical site and preceptor will not be graded. Completion of the student evaluation of the clinical site and preceptor constitutes **5% of the total grade**.

3. End of Rotation Examination OR Written Assignment*:

• End of Rotation Examination:

At the end of this rotation, students are required to take the End of Rotation (EOR) examination. Exams are administered through PAEA (PA Education Association) Assessment

Center. Each exam represents the PAEA Blueprint and Topic List for that rotation. The minimum standard of competency for the EOR exam is a scaled score, which is then converted to a percentage score. Students must achieve the minimum standard of competency for each EOR examination (70%) to pass the rotation. Content for each discipline can be found at:

<https://paeaonline.org/assessment/end-of-rotation/content>

Students who achieve <80% on the EOR exam are required to review the PAEA Score Report, including Content Category Coding: Task Area, Diagnosis, and keyword feedback for the questions answered incorrectly and submit a one-paragraph explanation for each topic missed in a Word document. This assignment is due one week following the EOR exam.

Students who fail to achieve competency (70% or greater) on the EOR exam, must meet with their advisor to determine a formalized plan for remediation and will retest on the scheduled retesting date per the Clinical Year calendar. The maximum score able to be received on a retesting exam is 70%. The EOR examination constitutes **40% of the final grade**.

- **Written Assignment***

*There is no EOR exam during 1st Family Medicine, Elective and Preceptorship rotations. A written assignment score for each of these respective rotations will replace the EOR exam score. Written Assignments constitute **40% of the final grade**.*

4. Typhon Documentation:

Detroit Mercy monitors the degree to which students are achieving learning outcomes and instructional objectives. Students are required to document **ALL** patient encounters and procedures completed during the rotation in Typhon by the last day of the rotation. This documentation aids the program in assessing the clinical site and its ability to provide an adequate volume of patients and meet the learning outcomes for the rotation. Failure to document **ALL** patient encounters and procedures by the required deadline may result in repeating the clinical rotation.

If a clinical site does not appear to have sufficient patient numbers to achieve the learning outcomes for the rotation, the student is required to contact their advisor as soon as possible so that an evaluation of the site can be performed. Documentation of clinical encounters in the Typhon Patient Tracking System constitutes **15% of the clinical rotation grade**.

5. Professionalism:

Each student receives a professionalism grade during each clinical rotation that is assigned by clinical faculty based on compliance with the professional rubric (See Blackboard for rubric). Based on the Clinical Year Handbook, students must conduct themselves as professionals as guided by the professional expectations listed in the student handbook.

- Attendance/Punctuality
- Timely Submission
- Contributions
- Professional Behavior/Integrity

- Professional Appearance
- Communication
- Attitude/Demeanor
- Overall Impression

Professionalism issues will be taken to the Promotion and Progress Committee for discussion and possible disciplinary actions. Professionalism constitutes **5% of the clinical rotation grade.**

Plan for Grading:

The final clinical rotation grade is composed of the following components. Each component of the clinical year grade must be passed independent of the total grade to satisfactorily progress in the program. **ALL components must be completed by the last day of the rotation to avoid grade deductions.**

Grading Criteria:

- End of Rotation Exams **OR** Written Assignment*40%
- End of Rotation Evaluations.....35%
- Typhon Documentation..... 15%
- Evaluation of Site/Preceptor.....5%
- Professionalism.....5%
- Mid-Term Rotation Evaluation..... 0%

*** Written Assignment** - *There is no EOR exam during 1st Family Medicine, Elective and Preceptorship rotations. A written assignment score for each of these respective rotations will replace the EOR exam score and accounts for 40% of the final grade.*

Grading Scale:

A >= 93	C+= 77-79
A- = 90-92	C = 73-76
B+= 87-89	C- = 70-72
B = 83-86	D = < 69
B- = 80-82	

Grade Deductions:

If any of the above are not completed by the due date, a deduction in your grade will be given for that rotation. Please refer to the following list for the corresponding grade deduction. If one of the areas is not completed by the end of the semester, you will receive a “C” grade until it is turned in.

Students who have contacted their advisor in advance by email may be granted an extension without incurring a reduction in their grade, but this must be done prior to the deadline. Every incident will be addressed on a case-by-case basis to determine if it will be authorized.

- End of Rotation Evaluation (from preceptor): 5% deduction
- Written Assignment*: (preceptorship, elective, initial primary care): 5% deduction
- Typhon Documentation (insufficient/incomplete): 10% deduction
- Student Evaluation of Site/Preceptor: 10% deduction

Reporting of Term Grades:

Because of the variability in the schedule of clinical rotations, semester end dates and rotation end dates do not always coincide. Therefore, students may receive an “C” on semester grades during the usual reporting period. Term grades are made available to the student at the soonest possible date through Titan Connect. The record of earned grades for each required activity is accessible to the student from the course web site. It is imperative that students follow up and obtain clinical evaluations from preceptors within the last week of each clinical rotation. It is the student’s responsibility to make certain the program has received this evaluation. Students cannot be recommended for graduation with a “C” grade on their transcript. Any outstanding work must be completed prior to the end of the final semester.

Personal Safety and Security

Liability Coverage

PA students assigned to a health facility for clinical experience shall not be required to obtain and maintain their own policy of malpractice insurance. Students in the program assigned to a health facility for clinical experience will be covered by the University’s blanket malpractice insurance policy which presently contains a \$1,000,000 occurrence/\$3,000,000 aggregate coverage for students participating in the program.

UDM shall maintain on file evidence of the existence of this policy and shall provide evidence of the existence of the insurance required hereunder to the health facility upon request. UDM shall notify the health facility within five (5) business days in the event the policy limits are modified or discontinued.

This coverage is limited to:

- Students currently registered and matriculated in the UDM PA program
- Clinical rotations approved and scheduled through the UDM PA Program.
- Students practicing within the guidelines outlined in the UDM PA Policy Manual.

The student is not covered for any service or activity, either voluntary or for remuneration that is **not approved** and scheduled **by the program**.

Example: *a student identifies a need to become more skilled at performing pediatric examinations and begins seeing patients on the weekends at a friend's clinic. This clinical situation would not be eligible for liability coverage for the student since this activity was not part of the scheduled clinical training. **Students will not identify themselves as a representative of the UDM PA Program.***

It is the student's responsibility to contact their advisor as soon as possible if any potential liability issue occurs during their training experience; the student will then be advised of the proper procedures.

Examples of potential or real liability issues which should prompt **immediate notification of the program** include:

- Unexpected death of a patient
- Unexpected result of quadriplegia or paraplegia
- Severe disfigurement
- Threat of legal action because of treatment
- Any demand from legal affair or an attorney
- Notification that you have been named in a lawsuit
- Receipt of legal papers

Avoiding a Lawsuit

Suggestions for actively avoiding a lawsuit may include:

- Maintain good, legible, accurate medical records
- Know your limitations (contact your preceptor or clinical coordinator if you are unsure)
- Show compassion towards your patients
- Know your responsibility to the patient and clinical site
- Be cognizant of your liability coverage
- Know who will represent you in a lawsuit
- Do not initiate treatment without supervising preceptor input and countersignature
- Do not provide care for a patient other than those assigned by preceptor
- Do not alter medical records. Never erase. Errors should have a line drawn through them with the date, time, and initials beside it. For example—Never erase, instead cross off incorrect data, add correct data, sign, and date. An addendum should be written to address incorrect lab results or added information. ADD the date and signatures (yours and preceptor's) to any new data.

Above all, be professional, be courteous, do not lose your temper or get flustered in front of a patient. Consider the safety of the patient; be reasonable and try to maintain a consistent demeanor. Remember patients are often in pain or are scared and may express themselves in ways that may be hurtful to you. Do not personalize their behavior.

Other solid advice: **Document... Document... Document!!!** The best defense is indisputable documentation of each patient encounter. **ALWAYS TIME, DATE, AND SIGN!!! (7/20/2024, 10:54AM, Jane Doe, PA-S).**

Medical Exposure Event During Program Sanctioned Clinical Rotation

In the event of any medical exposure at the clinical site the student is responsible for reporting and follow-up as defined by the Exposure Control Plan. Taken from the *Policy and Guidelines for College of Health Professions, Exposure Control Plan*, August 2005.

4.0 Management of Exposure

The Center for Disease Control and Prevention (CDC) has published the guidelines for dealing with exposure of healthcare workers to blood and Other Potentially Infectious Materials (OPIM). The following policies and procedures outline the general steps to be taken to meet these guidelines. The most current CDC guidelines shall always prevail.

4.1: Definition of Exposure

An exposure incident is defined as:

- a. Any event which pierces the skin barrier and introduces actual or potentially contaminated blood or OPIM.
- b. A mucous membrane (that is, splash to the eye, nose, or mouth) exposure to blood or OPIM
- c. A non-intact skin exposure to blood or OPIM, for example blood contact with skin that is chapped, abraded, or affected with dermatitis.

4.2: Emergent Intervention

At the time of exposure, the following immediate antiseptic procedures should be followed:

- a. Percutaneous exposure: Bleed and wash the wound with soap and water.
- b. Mucous membrane exposure: Use a sterile commercial eyewash or sterile saline to flush the eyes if the blood or body fluid splashes in the eyes; flush mucous membranes in the nose and mouth with clean running water or saline solution.
- c. Transfer the care of the patient to another qualified provider.
- d. Remove contaminated clothing immediately or as soon as possible
- e. Report the event immediately

4.3: Reporting

Exposure must be reported immediately to the supervising clinical faculty/supervisor/preceptor so that the exposed person can be evaluated and, if necessary, treated by a health care professional, in a timely fashion.

In the **PA Program**, notification to the Advisor, DCE or PA Program Director should be immediate. They may communicate with the clinical site personnel to assure that testing, including the involved patient, is accomplished.

4.3.1: University Post-Exposure Report Form

Any exposed student must complete a University Post-Exposure Report Form (See Blackboard) when the exposure occurs. The exposed person will complete Sections I and II and take the completed form to the initial medical provider for initial treatment. The initial medical provider will complete section III.

The exposed person will return the completed form to the supervisor, supervising faculty, or above-named supervising individuals in their program. Copies will be distributed as follows by the supervising individual within 36 hours (about 1 and a half days):

- One copy: Exposed person
- Second copy: University of Detroit Mercy Dean or Designee
- Third copy: Follow-up provider

4.3.2: Exposures at Affiliating Agencies or Other External Sites

If the exposure occurs at an affiliating clinical agency or other external site (e.g., health fairs, home visits) then an agency designates such as the clinical manager, infection control coordinator or other manager of OSHA Standards compliance must also be notified. **The procedures and regulations of the agency for immediate intervention shall prevail. Documentation which is required by the affiliating agency must be completed.**

4.4 Immediate Intervention: Exposed Person

The protocol for immediate management of exposure to blood or OPIM shall be initiated at the clinical agency or, by the affected individual, or by written or telephone referral by the Dean or designee (e.g.: clinical supervising faculty), to available providers when immediate care is not available at the clinical site. A copy of the University Post-Exposure Report Form and referral form should accompany the person exposed.

4.4.1 : Blood is drawn, with informed consent, from the exposed student as soon as possible after the exposure incident and tested for Hepatitis B and HIV (Human Immunodeficiency Virus) baseline serological status.

Informed consent includes at least the following:

- a. The nature of the test to be performed
- b. The benefits and risks of testing
- c. Alternatives, and the benefits and risks of such alternatives
- d. The possible limits of test confidentiality

Note: If the student does not initially consent to baseline serologic testing it is important that the individual seriously consider consenting to blood draw of a specimen which can be tested, with the consent of the individual, within 90 days (about 3 months). Return to patient care activities or participation in patient care may be restricted if post-exposure testing is declined.

4.3.2 : The provider of these health services shall comply with the CDC guidelines that state that blood collected without consent for HIV serological testing will be preserved for 90 days (about 3 months). If within 90 days (about 3 months) of the exposure, the faculty, staff, or student elect to have base line testing done, such testing shall be done as soon as feasible.

4.3.3 : The provider of these health services will also provide initial HIV and HBV (Hepatitis B

Virus) counseling, information, and education.

4.3.4 : The provider will also provide post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Services. Significant exposure will be considered for post-exposure prophylaxis (PEP). PEP uses antiretroviral therapy (ZDV, 3TC, IDV or other agents) as chemoprophylaxis following exposure to HIV positive blood or body fluid.

4.3.5 : The provider will provide the tetanus update if indicated.

4.3.6 : The provider will provide HBV booster or vaccine and Hepatitis B immune globulin if HBV antibody titer is inadequate or negative.

4.5 Contact Source

It is extremely important to test the contact source blood as soon as possible to determine infectivity and document the source's blood test results. Venous blood from the contact source is to be sent for HIV antibody and HBsAg testing.

4.5.1 : Consent and Testing of Contact Source

- a. If the contact source is a patient within an affiliating agency, then consent and blood sample will be obtained by the agency in accordance with agency policies.

4.5.2 : If the contact source does not agree to be tested, the agency-designate or clinical supervisor/preceptor must document this on Post-Exposure Report Form

4.5.3 : If the contact source HBV and HIV infectivity is already known then testing does not need to be repeated. HBV and HIV status are recorded on the Post-Exposure Report Form

4.5.4 : The agency testing the contact source, with permission of the contact source, will release the results of testing to the medical provider who is treating/counseling the exposed faculty/staff/student.

Policies and Procedures: Follow-Up

5.0: Post-Exposure Follow-up

The health care provider who initially treats/counsels the exposed person will share results of serologic testing with the exposed person. At that time, the student shall be informed of the applicable laws and regulations concerning disclosure of the identity and infectious status of the contact source. The initial health care provider will complete the Post-Exposure Health Care Professional Written Opinion and forward copies to designated individuals within 15 days (about 2 weeks) of the exposure. The opinion shall be limited to:

- a. The student has been informed of the results of the evaluation
- b. The student has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further alleviating treatment.
- c. The health care professional's recommended limitations upon individual's use of personal protective clothing or equipment or clinical participation.
- d. The plan for follow-up
All other findings or diagnosis shall remain confidential and shall not be included in the written report.

5.1 Referral for Continued Follow-up

The provider will also refer the exposed person for continued monitoring and/or treatment in accordance with the most current Center for Disease Control and MIOSHA requirements. Students should be referred to their primary health care provider for the recommended follow-up. If the student does not have a primary health care provider, then the student should be referred to student health services.

5.2: Declination of Follow-up

If the student declines follow-up recommendations, then a *Declination of Post-Exposure Follow-up* must be completed (Under Part III. Treatment by Initial Medical Provider: the line “follow-up referral made to” – must indicate that student declines follow up in writing). *Return to patient care responsibility or participation in patient care activities may be restricted if post-exposure testing and follow-up is declined.*

5.3: Financial Responsibility

Students are financially responsible for all medical treatment (initial and follow-up).

5.4: Anonymous Testing

Anonymous testing for HIV is available through the Department of Public Health.

See Blackboard Course Site Forms for the University Post-Exposure Report Form and the Post-Exposure Health Care Professional Written Opinion

Reminders for Clinical Year

AT LEAST EVERY 48 HOURS THROUGHOUT THE CLINICAL YEAR	Check ACEMAPP, Typhon, and UDM email for updates, assigned tasks, and to-do's (especially for major health systems where you might have to complete tasks 4-8 weeks before rotation start)
7-10 days BEFORE Rotation Starts	Email and/or call the contact person to obtain your schedule, dress code, parking info, etc.
By day #1 of your Rotation	Inform your preceptor of any program related absences that will occur during that rotation (MGM/EOR exam days, call-back days, etc.)
By Friday of week 1 of your Rotation	Submit current rotation schedule in Blackboard . *Remember to update this schedule in Blackboard if and every time it EVER changes throughout the rotation.
By the mid-point of your Rotation (Day 15 or 16 of the month)	Have your preceptor complete your mid-rotation evaluation *Not a requirement for your elective
By MIDNIGHT of the LAST DAY of your Rotation	<p>1) Your End of Rotation Evaluation should be completed (inform your advisor if something happened at the site that is preventing the timely completion of your eval, otherwise, you will receive a grade deduction for late submissions)</p> <p>2) Typhon case logs for every patient seen on the rotation should be completed</p> <p>3) Your evaluation of the site and preceptor should be completed in Typhon</p> <p>4) Submit a copy of your technical skills CAT in BlackBoard.</p> <p>*Written Assignment, for elective, preceptorship, or 1st primary care rotation</p>
GO THE EXTRA MILE	Send your preceptor a personal Thank You card or email to show them your appreciation.

*When a tardy/absence occurs students **must notify both the preceptor at the clinical site and their advisor PRIOR TO SHIFT START ON THE DAY of the absence/tardiness.** An absence form will need to be completed by the student and preceptor and turned in to your advisor for approval as the time missed must be made up.*